

NOV 24 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Warren
Township Charrette
City (No.)

Registration District No. 884
Primary Registration District No. 6126

File No. 39065
Registered No. 24
St. Ward

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

St. Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23, 1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 9 11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Confessionary
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holstein Mo

13. NAME Thomas Howard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopewell, Mo

15. MAIDEN NAME Carolina Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta Mo

17. INFORMANT L. Howard (ADDRESS) Holstein Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Marthasville DATE Oct 14, 1937

19. UNDERTAKER Fred Wrightburg (ADDRESS) Marthasville Mo

20. FILED B. L. 13, 1937 Y. C. Johnson Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11, 1937

22. I HEREBY CERTIFY, that I attended deceased from Apr 26, 1936 to Oct 11, 1937

I last saw him alive on Oct 11, 1937 Death is said

to have occurred on the date stated above, at 3:10 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Prostate Date of onset 1935

Other contributory causes of importance: Intestinal obstruction 1 week

Name of operation Prostate Resection Date of operation May 1936

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Harris H. Dehmedt M. D.

(Signed) Marthasville, Mo (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

